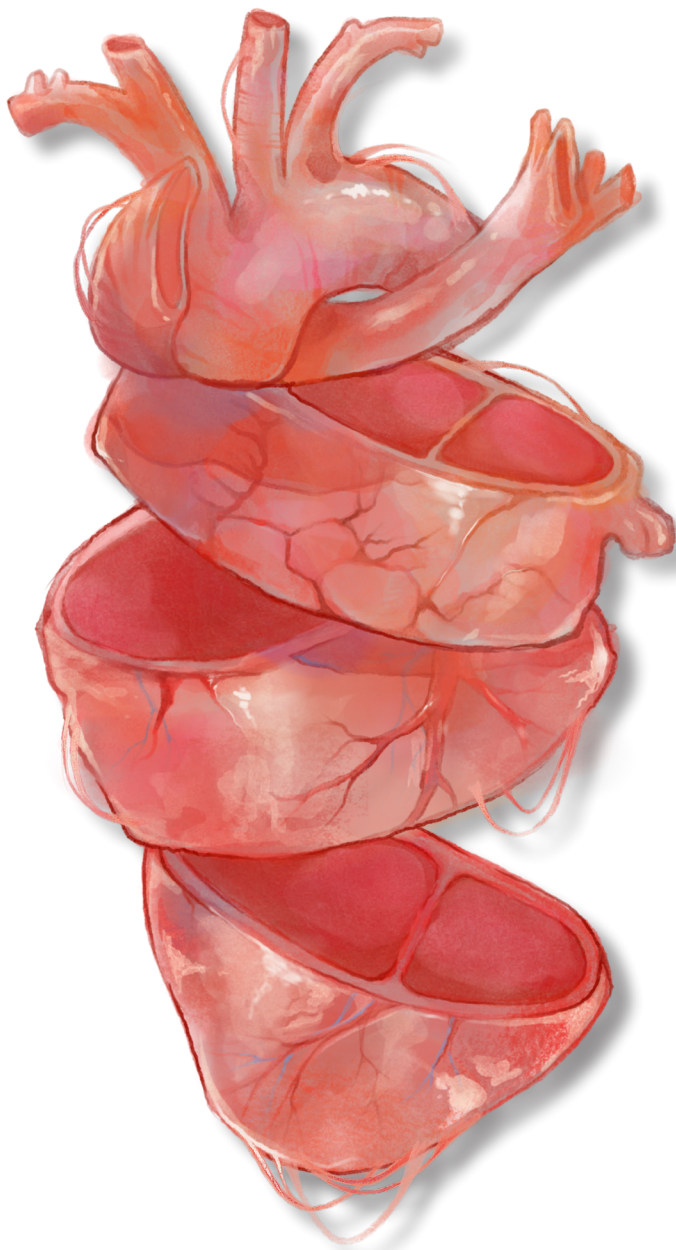
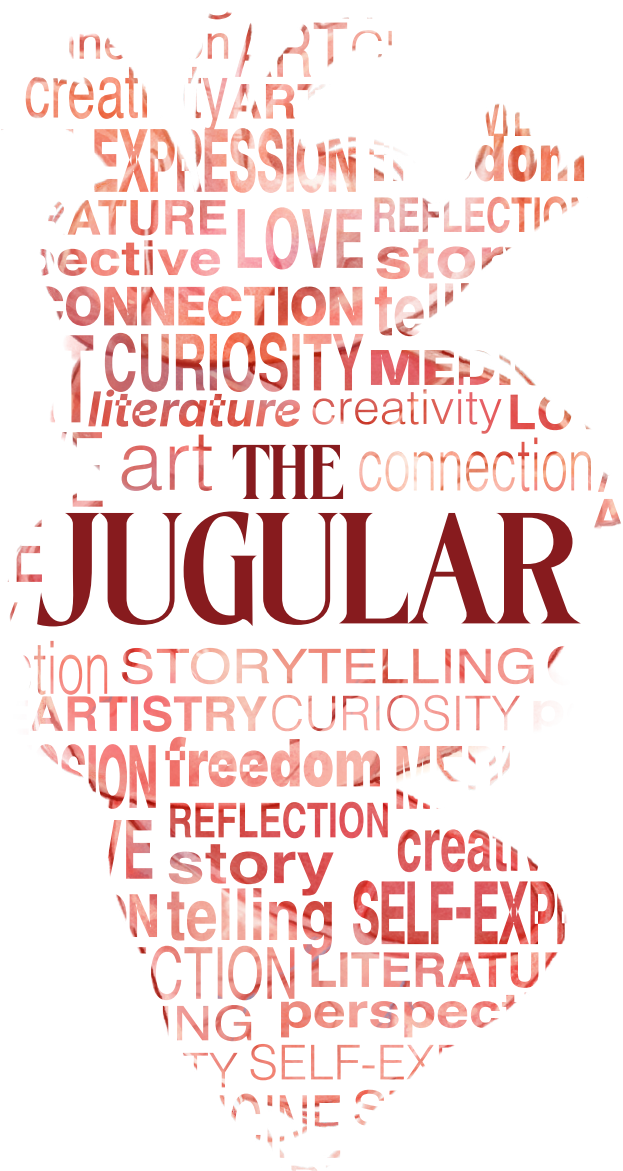


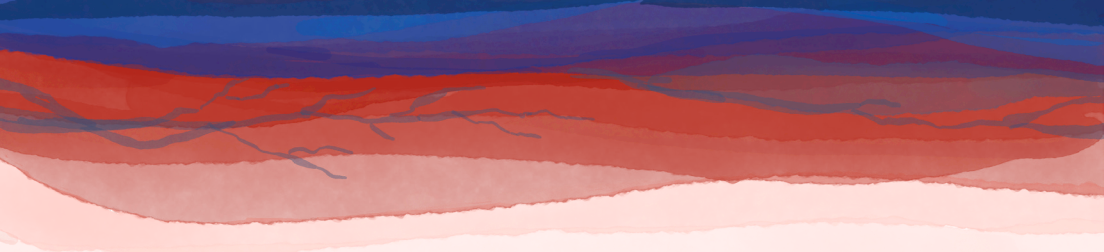
THE JUGULAR



QUEEN'S HEALTH SCIENCES ART & LITERATURE MAGAZINE

ISSUE 2 | 2025





The Jugular is part of the Queen's University community and is situated on the territory of the Haudenosaunee and Anishinaabek. We are grateful for their stewardship of this land where we live, learn, and create. As uninvited guests upon these traditional territories, we acknowledge its longer history, predating the establishment of the earliest colonies. We strive to work towards reconciliation by recognizing and highlighting the practices and spiritualities tied to this land while developing a relationship with the territory and its other inhabitants through our culturally sensitive activity and publications.

Content Warnings

"Beneath the Surface" and "Girl in the Mirror"

These pieces contain discussions surrounding depression, eating disorders, and self-harm, which can be distressing and triggering for some individuals. We hope to raise awareness and resources for those who may be affected. However, it is essential to approach this content with caution.

If you or someone you know is struggling, please seek help immediately. Reach out to a health professional, helpline, or someone you trust. Remember that there is help, and you do not have to face these challenges alone.

Resources:

Telephone Aid Line Kingston (TALK) is a confidential, anonymous, non-judgemental, and volunteer-based listening service. They can be reached at (613) 544-1771.

AMHS-KFLA crisis programs provide urgent and immediate responses to individuals experiencing emotional or mental distress. Crisis services are free, confidential, and delivered in a respectful, non-judgemental manner by mental health and addiction specialists. They can be reached at (613) 544-4229.

Student Wellness Services supports the personal, academic, and social health development at Queen's University. They can be reached at (613) 533-2506.

Kingston General Hospital is available as a 24/7 Emergency Department. Call 911 in the case of life-threatening emergencies.

The information provided does not exhaustively list all resources and should not be a substitute for professional advice. It is important to consult health professionals for personalized guidance.

"The Healthy Immigrant Question"

This piece explores the experience of one immigrant. We recognize that everyone's lived and observed experiences can differ and that this does not reflect every immigrant's experience.

Editors' Note

Our team and contributors are students of the health sciences or interested in aspects of health. Yet, we are rarely presented with such topics in a multimedia form. There is a lack of opportunities to express concepts of health and medicine creatively, reflectively, and authentically. Health impacts us all in various ways; creative engagement with all aspects of health cultivates humility, furthers empathy, and provides a renewed perspective on disease and suffering, differing from the depersonalized way such topics are often taught. The arts and literature have remained integral to the human experience since antiquity. The Jugular aims to integrate the pragmatic nature of sciences into humankind's fundamental expressions of our customs, emotions, and thoughts.

We are privileged to publish the second issue of The Jugular. We have curated a unique collection of creative works. They are centred around students' distinct perspectives and experiences of health, reflections on the human experience, diverse approaches to foster holistic healthcare, and expressions of content in the health sciences.

Thank you to our talented team of editors, designers, artists, writers, and those who work tirelessly behind the scenes on our website, events, admin, and social media. A special note of gratitude goes to Fatin, Iliana, Jamie, and Kori for your leadership and dedication to our mission. Thank you to Ava and Amy for your multifaceted creative vision. We are immensely proud of the growth we had as a team as we brought this issue to life. It is hard to fathom that The Jugular, with the quality of visual and writing published, is an entirely undergraduate student-run publication.

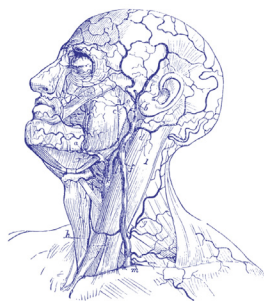
To our readers: we hope The Jugular acts as a vehicle of learning and self-development. Wherever you are reading from and whichever role you play in benefiting our society, we hope you walk away from this issue empowered and having gained a new piece of knowledge or perspective.

It is our honour to present The Jugular: Issue II.

Sincerely yours,

The image shows two handwritten signatures in blue ink. The signature on the left is 'H. Walford' and the signature on the right is 'HanShu Pu'. Both are written in a cursive, flowing style.

Hailey Walford and HanShu Pu
Co-Editor-in-Chiefs 2024-2025



THE JUGULAR

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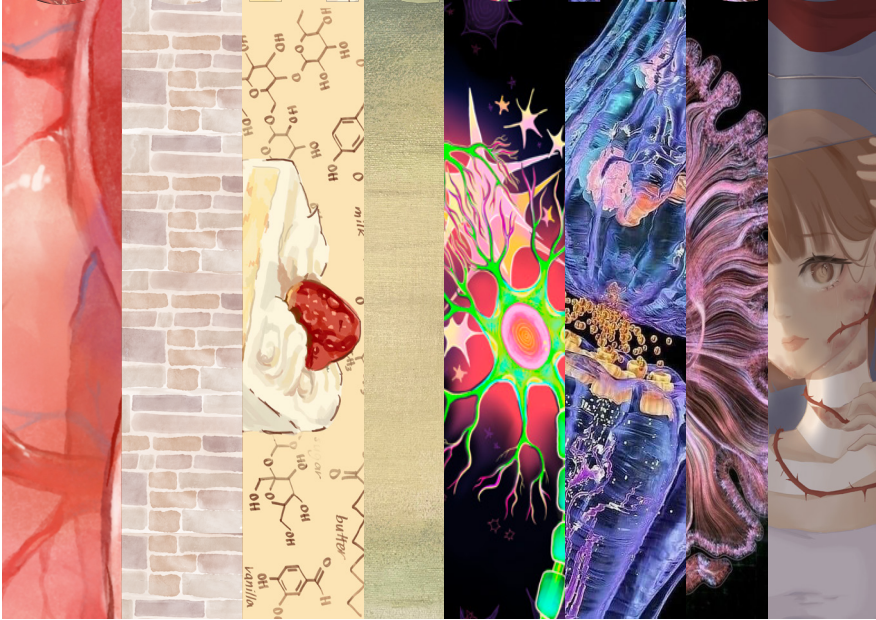
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WAITING ROOM

NOOR OGLAH

illustrated by
HAILEY WALFORD

A man stares at his phone,
Reading the same words over and over,
As if the meaning might change the hundredth time.
His breath is shallow, each inhale a struggle.

A woman wipes her tears,
The tissue melting in her brittle hands,
Soft as her shaking breath.
She presses it to her lips,
As if she can smother the sob before it escapes.

Two teenagers huddle together,
Breath warm against their collars.
They don't speak,
They don't need to.

The whole room is holding its breath,
Like everyone is living in the same body,
With the same lungs.

We're always waiting,
All the time.
Not just in rooms like this one,
But in quiet moments that stretch too long.

We wait in phone calls that never come,
In the pause before a confession,
Or in the quiver of someone's voice,
We sit,
Silent,
Dreadful,
Hopeful,
Waiting.

When the nurse finally calls a name, heads turn,
And the whole room exhales,
The release of shared fear,
Shared relief.

We watch as someone stands up, steps forward,
And follows the nurse through the blue doors,
While the rest of us sink back into our chairs,
Pull the air into our lungs,
And wait.



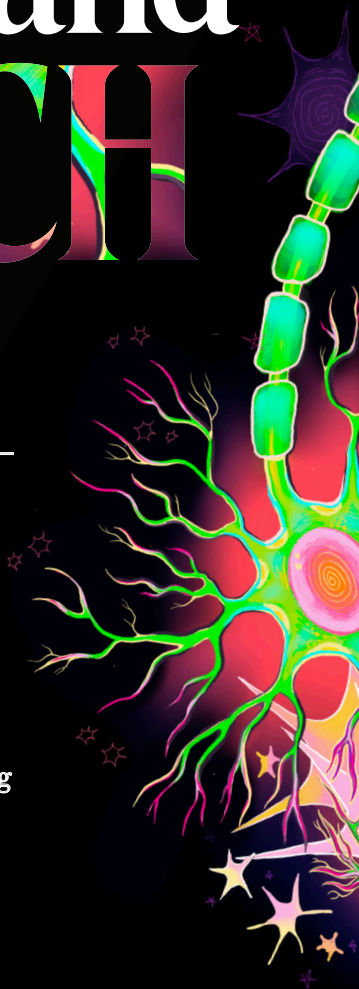
neurons and TOUCH

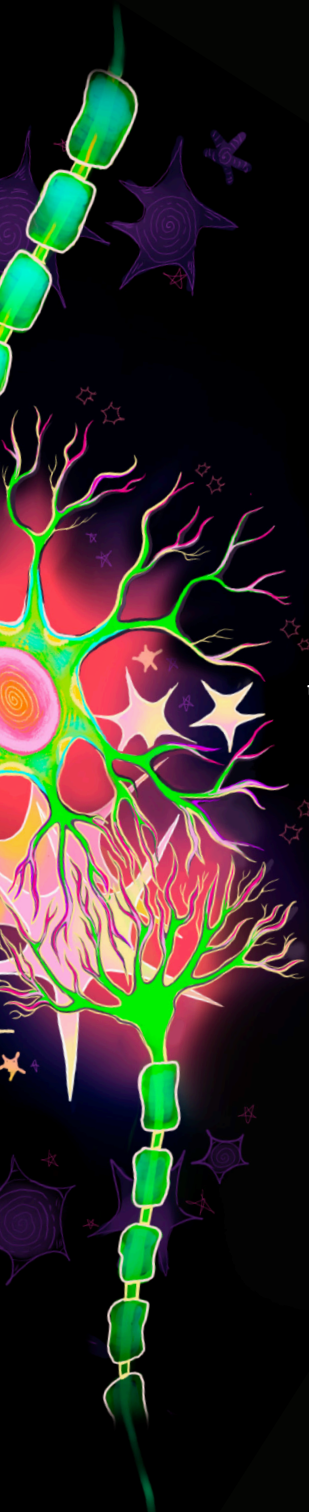
Mathura Manoranjan
illustrated by LYNNA CHENG

One night, buried under biology notes,
I'm drawn deep into the nerve cell's dance—
how synapse sparks synapse, leaping
from one neuron's grip to another,
building highways of light in dark spaces.
Electrical.
Chemical.
Relentless.

I see them. I see those signals,
those charged messages running fast, racing
to bring a feeling—
the press of a hand,
the warmth of skin.
It's her touch. That beautiful touch.
An ember, a small bright current,
electric beneath the flesh.

Without it, there's silence,
no sensation, no bright wire of connection.
It's just—empty, isn't it?
What makes touch real, makes it ours,
but pathways in the mind?
What miracle, this current of life—
but then again, what is it worth if it's denied?





Think of those without,
who feel the empty space beneath the skin,
the ghost of nerves, waiting, waiting, waiting,
but the signals never come.

Can you feel it? The injustice,
how the world twists the body to silence,
makes it scream without sound.
Where is the connection, the spark for them?
What is this world, this broken vessel,
where some get the warmth of another's hand
and others—others live without?

And me, I'm there at my desk,
notes swimming like nonsense,
until I think of her—
the way her touch lights up the dark,
how the brain sees her skin,
the hand on mine, all those little fires igniting,
racing to tell me she's there, and real.

And the world—
this cruel, beautiful world—
that lets me have it while others reach and
fall short.
What do we owe them?
Do we owe the science, the drive, the cure,
the synapse reawakened,
the touch resurrected?

We carry this spark:
We carry it for them,
the ones who can't, who don't feel,
whose fire lies waiting.
For every nerve I learn, I owe them,
I owe her,
I owe.

Waiting

DAUD HASSAN

illustrated by HAILEY WALFORD

Do we truly desire safety? I hadn't thought of it before, but it's 11 at night now and I have all this time with nothing to occupy it except distant traces of thought. If it were true, then a place like this would be a utopia. Constantly cleaned and uncleaned to sterility, workers whose sole purpose is doing everything they can to keep you in the best condition possible, even a planned out diet to ensure you get the proper nutrition.

So why is this place so bizarre and alien? I can't see under these oppressive, white fluorescents. Everything moves a mile a minute. Things are happening and I don't know why. If I am so scared thinking about it, how must they feel in the room? The worst of it is over, they're supposed to be in good hands now, but all I can think of is every possible way it goes wrong.

I can't so much as bear the thought that they're thinking this way too. I have the freedom to leave, get fresh air or have a smoke, some way to release all the tension that is building inside me. However, they have no choice but to endure. Wading in the waves of subconscious doubt, pressure and anxiety growing and growing inside their chest until their ribs snap, all of it pouring out in desperation and distress.

It isn't safety that we want. Otherwise, our minds wouldn't curse us with "what-ifs" and "how abouts" - not when we need to put all our faith in their hands. I think it's control. When something bad happens - a heart attack, an accident, a chronic disease - it rips control away from us. Not just the one afflicted, but their families and loved ones.

Neither they nor I have any control in this situation. We don't

have the knowledge or ability to even ease the suffering. We have to instead trust that it will work out, believe that there's a chance that the final outcome is good, and accept that we have no control of the outcome.

Such a thought makes sitting in the waiting room now, nervously awaiting any news on their current condition and if I'll get to see them again, all the more agonising.

I check my watch: 11:01 pm. I hoped that thought would take up more time. It feels like I've been talking to myself for minutes, but it's barely been one. I already feel my throat closing up and my heart sinking, a sign that I need to go outside again for what is likely the fifth, but not final, time in the hour. The doctors have promised they will run every test, consider every treatment. There isn't anything more they can do beyond everything, no matter how much I wish they could. I can only trust them now.

So why don't I? Every little thing alarms me and sends me into a panic. I swear that I see people emerge from the shadows, heading to their room; perhaps to help but maybe even to do harm. But when I look there is nothing. Their name seems to pass through the room several times, at least to me. Every time I ask what updates there have been I am told that there are none. It's only been 3 minutes since we arrived on the hour; they can't be done yet.

There are tests being run that, I'm told, should help but I don't even know what they're measuring, procedure options that I can't begin to comprehend the risks of, my insurance is blowing up my phone so much I can't even call anyone to confide in. It feels like

I'm the only one who doesn't know what's going on. The pressure of my thoughts push out against my skull, the sounds around me sounding farther and farther away.

My chest is tightening and I am feeling nauseous. When I stare at the floor, the fuzzy old carpet seems to move and morph into vague images of my fears at this moment. Every time I shut my eyes to try and block out the burning fluorescents, the images become sharper. Even if I stood to leave, I could only be

gone for so long before I start to feel guilt and shame for abandoning them in their time of need. That I could be so selfish. With each passing thought, a new migraine spreads across my skull, my eyes pulsating from the culmination of their pounding pain. At this rate, this waiting room will become my tomb, this hospital will be my grave, long before any real risk befalls them.

I just don't know how this could have happened, something so horrible so quickly. It was only 5 minutes ago that everything was fine. Yet, as quickly as it took me to blink, I am no longer with them. That the one person that needs to be by their side is failing to do even that. What I feel has no words. If one more person tries to head to their room, if their name is uttered even one more time - I don't even know what I'm going to do anymore. I can't even think that far ahead. I just want to know there's something I can do to help,

I hate sitting here and waiting,
time moving so slowly.
I just wish there was someone to
talk me through this,
but I am alone out here.

I just want to know
they're alright.

I just don't know.

I just...

I...





The **HEALTHY IMMIGRANT** QUESTION

DELPHINE ANG

illustrated by HAILEY TIEN

Migration is a “profound non-normative life transition requiring extensive adaptation.”¹ In late 2021, I was one of nearly 500,000 migrants who settled in Canada.² Arriving in Canada alone on a visitor visa entailed great uncertainty. Upon receiving my permanent residency, I finally achieved long-term stability, which has profoundly improved my mental health. Mental health is a broad and complex concept, specific to cultural, social and individual contexts.³ Migration is a common precipitating factor for the development of mental disorders in vulnerable individuals.⁴ On the other hand, migration as ‘eustress’ presents an opportunity to develop resilience.

According to the Healthy Immigrant Effect (HIE), migrants arrive healthier than the local-born population due to self-selection and health screening.⁴ Recent migrants have better mental health, lower rates of depression, alcohol dependence, and suicide rates compared to the local-born population.⁴ However, after settling for more than 10 years, their rates of depression have converged to match the Canadian-born population.⁴

One would expect migrants to be better integrated over time, and experience improved mental wellbeing. Could these increased rates of depression represent an actual decline in mental health, or are there other explanations?

Despite the monolithic concept of the HIE and health convergence, migrants are heterogeneous.⁴ Constitutional factors, migration category, race, ethnicity, existing family networks in Canada, and socio-economic status all affect mental health outcomes.⁴ Considering high immigration rates, the mental health of migrants is an important public health issue.

Cultural identification could play a part in health convergence. This may involve internalising local knowledge frameworks. Perhaps long-term migrants begin to identify with the mental health framework and are more likely to express psychological distress as ‘depression’, compared to newer migrants. Therefore, increased rates of depression may not represent an actual decline in mental health but imply growing cultural identification with the host country.

Cultural adaptation is a dynamic equilibrium.⁵ Ideally, migrants establish a stable and reciprocal relationship with the host environment, balancing previous cultural identities with newly formed identities for optimal mental wellbeing. Some migrants are highly motivated to adapt for personal, social and professional reasons. Migrants who are less willing or able to assimilate may face ongoing exclusion, although this depends on their personal, cultural and familial resources.

On the other hand, could cul-





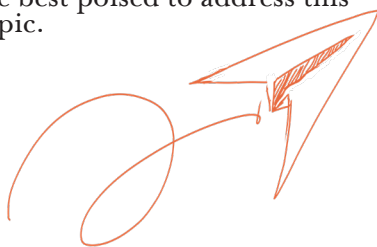
tural integration paradoxically erode the HIE, through erosion of the migrant's original culture? In addition, is there something about the contemporary Canadian lifestyle that is correlated with a specific level of mental wellbeing?

Adaptation is a double-edged sword. Young migrants, who face additional age-group related stressors, may be at higher risk of picking up lifestyle habits such as substance use. The risk is exacerbated by stark differences in national regulations. In my home country, bringing in 500g of marijuana entails the death penalty. Could the comparative ease of access to recreational substances contribute to health convergence among migrants?

The validity of the HIE has been questioned over the years.^{6,7,8} If the HIE construct is unreliable, then we cannot assume health convergence to be true. Canadian measures of mental health may not fully capture mental wellbeing among new migrants, giving a false impression of the HIE. Additionally, the HIE for mental health is highly variable across migrants, influenced by other social determinants of health. Asian ethnicities reported a lower risk of depression, while European immigrants had a similar risk of depression as non-immigrants in Canada.⁹ While this may highlight protective factors for specific ethnicities, it is possible that these ethnicities do not express their psychological distress

according to the Canadian psychiatric framework.

Culturally sensitive methods of interviewing could elicit a more accurate response. Hence, researchers with lived experience are best poised to address this topic.



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Gaspésie is a region that lies on the edge of coastal Quebec, where rolling green hills meet a fog brimming with the cutting salt of the sea. It is a place where time slows, where strangers talk for hours outside of the *boulangerie*. Time slows, but it does not stop. Gaspésie is a place where people return to die. Tucked into the bay, it is home to hunters, fishermen, and farmers whose stories are sculpted by the tides and shorelines. That summer I learned to sail – and to listen. I learned to breathe inside the building on *Rue Chrétien*, where time hangs heavy between the slow ticking of clocks, illuminated by the summer sunset.

“How old are you?”

“Seventeen.”

“My brother was sixteen.”

The silence presses in, tendrils of grief heavy and wide. A drowning tide of heartache.

I know what he is going to say next. He has shared it before, and his story loops in my mind like the soft crackle of a worn record, its needle etching deeper into the vinyl of memory.

“He was in the car of a driver who swore he was sober. Just a passenger. Just a boy. The driver swore he was sober. He swore. *Il a juré. Il a juré. Il a juré.*”

That summer, I learned how to grieve alongside strangers. To offer tissues like lifelines, gently wiping our tears with the memories of people no longer here.



the Salt

On one woman's nightstand, a battered copy of *Le Petit Prince* lays there, spine broken, cover thinned with years of fingerprints and water stains. "It was my daughter's favourite."

She gestures, with a smile stretched so thin I'm worried it will cut through her skin. The novella stirs vivid images in my mind as if its pages have taken a breath: a red rose cloaked in thorns, a fox teaching the beauty of trust, a boy wandering among the stars.

L'éphémérité de la vie.

The fleetingness of life.

She does not need to say anything more. Her eyes reflect everything she has already told me.

The woman with the battered novella. Her daughter who was buried. Years ago. Cancer.

Her hands, thin and weathered, intertwine with mine, her smile wavering until it fades completely. For a moment, she is unguarded, and I glimpse the woman she once was—a schoolteacher at 47, a wife, a mother, a dreamer with a camera slung over her shoulder, ready to frame the world in its brightest light.

That summer, I learned to hug the ones I love. I stargazed. I contemplated the afterlife.



of *Life*

CYNTHIA WANG
illustrated by NICOLE BURDA

There is a man with green eyes who sits in a wheelchair, stroking his knees.

There is nothing below them. He lost them a long time ago. But the way his eyes crinkle when he smiles reminds me of the grandparents I never got to meet.

His words spill like poetry, like pearls slipping from a broken string. A poet and a writer, he invites me into his world, sharing stories of haunting lives and gentle deaths. Of regrets and failures, love and faith, life and death.

Qu'est-ce que la vie sans l'amour l'un pour l'autre?

His words remind me of my family, my friends, the people I am yet to meet

Thousands of kilometres away.

His poetry reminds me of the ticking of the years.

How do we stop the hourglass from slipping between our fingers?

How do we pause the *chronomètre* of time?

That summer, I learned no words could capture the beauty of a memory.

The warmth of a hug.

The complexity of a life.

And I wonder why.

Why it takes the shadow of death to illuminate the beauty of life.

Why I held back my "I love yous," until they felt heavy with regret.

Why I chose a phone, an excuse, an "I'm too busy"

Over love.

Over friendship.

Over living.

I wonder.

How kind it is of the universe, in its quiet wisdom, to remind us of our mortality through salt.

Mixed into the elixirs of our tears.

Resting quietly in the ache of memories.

Embroidered into the folds of coastline fog.

Drenched eternally into the sea, vast and wide.

And somewhere out there, the tides of the St. Lawrence flows on.

Somewhere, a sailboat's sail reignites as another gust of wind passes through.

Its canvas catching a breath of life—

The wind whispers:

Vivre





Tunes and Treatments

The Global Use of Music in Healthcare

AYA ALHASANY

illustrated by AMY TANG

"Sweeeeet Caroliiiine! 'Bom bom bom!"

All heads in the lobby are turned to face the resounding voice that fills the white walls with Neil Diamond's lyrics. As I pass by the noise on my way to the second floor of the hospital, I almost bump into a wall, staring at the man jovially playing the piano in the lobby with a confused smile on my face.

It's rare to experience an energy so revitalizing in a healthcare setting. The usual sterility seems to bleed into all corners of the building. People seem sadder, melancholic—more closed in on themselves.

Sweet Caroline changed all of that for a few minutes. I pick up my pace, steps bouncing to the rhythm of the song. A group of dialysis patients waiting in wheelchairs for their buses home gather around the noise, cheering and clapping along to the scatts.

In one moment, music entirely transformed a space—more importantly, however, it transformed the emotional states of those within it.

THE HISTORY OF MUSIC IN HEALTHCARE

Music has long been used as a remedy for ailments. Greek philosopher Pythagoras (570-490 BCE) is often called the father of music therapy due to his usage of music in treating patients with both physical and psychological illnesses.¹ Later in Athens, Plato (427-347 BCE) was credited with the famous saying, "Music is the medicine of the soul."²

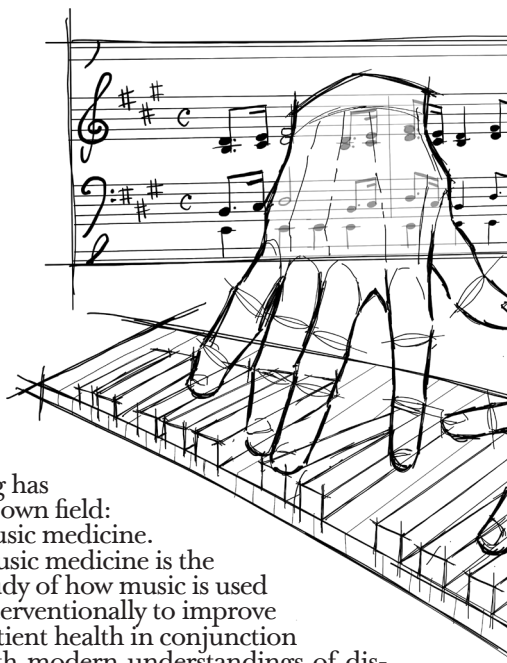
Today, the use of music in heal-

ing has its own field: music medicine.

Music medicine is the study of how music is used interventionally to improve patient health in conjunction with modern understandings of disease and treatment. Music therapy often aims to reduce stress in patients through specially designed sessions. Frequently, it has been used in improving the health and quality of life of patients with dementia, Parkinson's disease, strokes, and often other neurological diseases.³

In dementia, a disease characterized by memory decline and often caused by damage to nerve cells, music is often used to therapeutically reduce agitation and improve cognitive function, like in the case of singing.⁴ In the case of Parkinson's disease, characterized by uncontrollable movements and caused by dopamine deficiency, music therapy is used to improve motor flow.⁴

However, Pythagoras is not the first person who used music to prevent or treat disease, nor is our current use of music-based holistic medicine a recent development. In fact, music in medicine has a history that permeates the entire globe. From all continents and cultures, from the ancient world to the modern one, music has remained a constant, revitalizing force that people have been using to rid themselves and their loved ones of pain.





INTERNATIONAL MUSIC MEDICINE

Each culture has its own distinct style of music and its own use of music in medicine. I asked two of my friends how songs have been used personally in sickness and health, and did some research of my own to learn about where the uses of music in their respective cultures originate from.

China: Mia*, ethnically from China, recalls her experiences of singing as a form of community healing and prayer.

“When someone passes away, we often sing Buddhist scriptures instead of just saying them. It’s a way of healing, in a way.”

Two-thousand years ago, Five Phases Music Therapy was developed in China as a component of what is now considered traditional Chinese medicine.⁵ This form of music therapy uses five tones corresponding to a respective element (fire, wood, metal, water, earth) and an organ (liver, heart, lung, kidney, spleen). Using one of the five tones, one of the five main organs was targeted for healing depending on the specific ailment.

Five Phases Music Therapy continues to be used in modern day therapy and traditional healing, in practices of East Asian traditional medicine and throughout spa facilities in North America.

Saudi Arabia: Joe*, ethnically from Saudi Arabia, doesn’t recall a cultural experience with music and healing. However, he does refer to cultural music when in need of decompression.

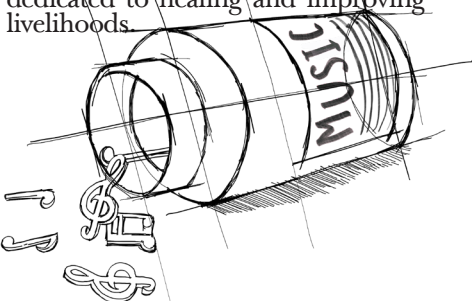
“Whenever I feel stressed, I know I can always turn to my roots and as such, I always listen to Saudi Arabian music.”

In the past, music therapy was used in the Islamic Civilization, which included modern day Saudi Arabia, through the influence of ancient Greece. Abu Yaqub ibn Ishaq al-Kindi (801-870M) is known to be the first Islamic scholar to use music therapy in healing – being known to attempt to cure paralysis through music. Other scholars of the Islamic Civilization believed that music directly impacted human health. These developments helped to further and revolutionize music therapy after the Greeks.⁶

Similarly to Joe*, music therapy was used in the Islamic Civilization typically for neurological and psychological disorders – this includes stress and paralysis. In a direct progression from the past, music therapists today are professional healthcare workers that specifically aim to improve physical and mental health through music.

CONCLUSION

Today, through the advent of modern medicine, we know that music can have a direct impact on our health. It’s inspiring to see how, across the globe, the progression of notes that brings us joy has grown into a globally recognized discipline dedicated to healing and improving livelihoods.



*For confidentiality, alternative names were used.

4. Derovere R. Music and Dementia: An Overview - Practical Neurology. Practical Neurology. Published June 2017. <https://practicalneurology.com/articles/2017-june/music-and-dementia-an-overview>
5. Haines A. Ancient Knowledge For Modern Wellness: Music Is Medicine. Forbes. <https://www.forbes.com/sites/annahaines/2023/06/12/ancient-knowledge-for-modern-wellness-music-is-medicine/>. Published June 15, 2023.
6. Suite N, Sidik R. What Is Medical Music Therapy in Islamic Civilization? International Journal of Business and Social Science. 2017;8(3).

Beneath the Surface

ARANI HIRITHARAN
illustrated by HAILEY TIEN

It's an odd sadness
One unlike any other
You feel the ache constantly
But then sharp pains strike
without warning
Small moments
Important memories
A tight hug
A gentle kiss
Reminders of the past, of what once existed
That's when the pain truly hits

Yet you put on a smile
And bury it all down
For you can't help but doubt,
Is it alright?
Alright to feel anything at all?

You wonder if you'll shatter
If you'll break
Because then your flaws will become painfully transparent

You realize every night spent awake
Frozen with thoughts of losing this battle
Have become your reality

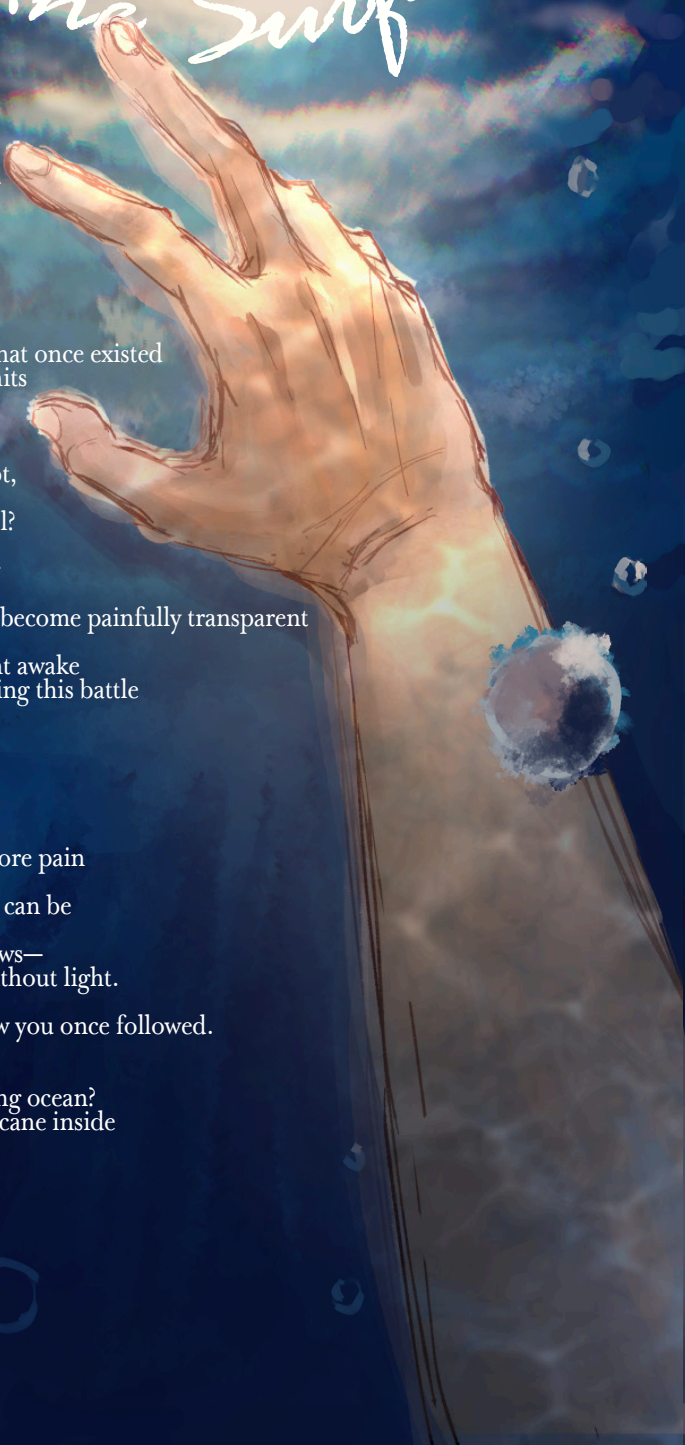
And yet you try to ignore it
Try to run from it
Staying away from sleep
Yet unable to wake
Each passing day causing more pain

Slowly the sadness is all you can be
Into the dark—
But not even into the shadows—
For shadows cannot exist without light.
As dusk becomes dawn,
No trace remains of the glow you once followed.

Yet you must figure out
How to be as calm as a resting ocean?
And avoid the stirring hurricane inside

To not worry others
So put a smile on your face
And bury the rest down

For there's nothing left
And no tomorrow.



The Girl in the Mirror

KORI SPOTT

illustrated by KELLY GAO

She stares, she taunts me

All she does is degrade me

Hiding inside her gold rimmed cage

With every glance she judges more

Her containment merely an illusion—

Reaching far into my mind

She scares me, she loathes me

Her cruel thoughts lacerate me

I hope one day to escape her jagged words

Wishing the shards would carve away my imperfections

But they just cut and cut until nothing is left

Now she laughs, I cry

Her vanity seeping into my wounds

Beauty is a sweet poison

And I drown in her reflective pool

For she knows I can never escape her

The girl in the mirror, she smiles,

My mouth stretching in return,

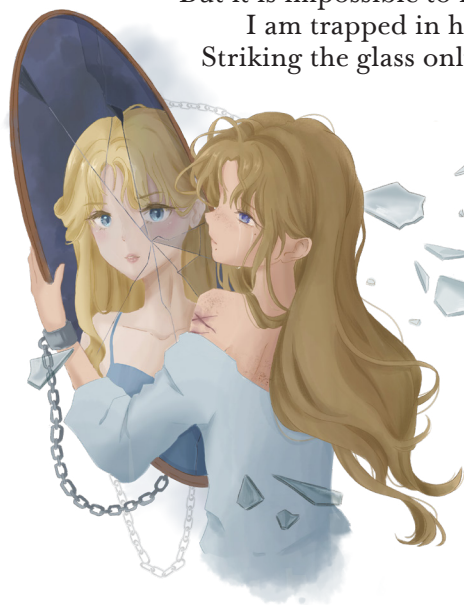
But her eyes lie

Her polished exterior promises peace

But it is impossible to ignore the tarnish

I am trapped in her world

Striking the glass only to be swept back into her embrace



An illustration of a brick wall in shades of brown and tan. The number '926' is written in a stylized, outlined font across the upper left. To the right, a small wooden sign with a white face is nailed to the wall. The sign has the text 'Please knock very loudly and longly' written on it in a simple, hand-drawn font. The sign is held by two wooden nails.

926

Lourmel House

DELPHINE ANG

illustrated by LYNNA CHENG

St. John the Compassionate Mission, Toronto, is an Orthodox Church that runs daily drop-in programs and a community house. It began in 1986 with only \$500 to spend on a small rental space in an underprivileged neighbourhood. Since then, faith, hard work, and prudence have shaped it into a well-respected pillar of the neighbourhood.

I first connected with St John in early 2022 as a newcomer in Toronto. With only a six-month visitor visa and a difficult living situation, my future in Canada was uncertain. I was unable to work or study as a domestic student. Fortunately, I could volunteer weekly at the lunch program.

After lunch, I would play music for everyone. We would all sit in a circle for coffee and conversation with Father Nicolaie, theologist

and social worker from Romania. The afternoon conversations in that humble space centered on the joys and struggles of community life.

Even though I moved away from the GTA in 2022, and eventually settled in South Georgian Bay, I always knew I would go back to St John. But life caught up with me and there was never a time or space to do so. After starting university, I was on a max course load every semester, all year-round, while working part-time as a 988 responder and volunteering at the South Georgian Bay Community Health Center. Time flew by on this steady routine.

Finally, in Fall 2024, my routine had calmed down. Before the mid-term break, I reconnected with St John. Not only did they need help with the renovations, but there was space in the community house. Without hesitation, I said yes.

I took the GO train from Barrie to Union, and then the streetcar to Broadview Avenue. Walking down the familiar streets with my luggage felt like returning home. When I arrived at the Mission, the Sunday morning service was just ending. In the dimness, a few oil lamps lit up the dark corners, and incense filled the space. Smoke and light drifted gently toward the biblical paintings adorning the walls. The service attendees formed a loose circle, their eyes fixed on the closed chapel doors. I joined them in quiet reflection. Then the doors of the chapel opened, and one by one, the service leaders walked into the communal space. Someone switched on the lights, and we mingled while having coffee and pastries.

Brother Luke came out to greet me. We talked about how much the Mission had changed, but with the familiar faces, it still felt like home. For the next 5 days I was put to work, assisting in apartment renovations, the drop-in program and chores at the Community House.

In communal living, there is no longer an artificial boundary between ‘provider’ and ‘client.’ Each member gives to the community according to their own unique strengths and capacities, and receives from the community

according to their needs. The main shortcoming of such communal living is the inability to support complex needs. Community members with these complex needs may stay in the community house temporarily while being referred out to appropriate services, like supportive housing. Nonetheless, individuals who can manage basic daily tasks independently often thrive in communal living.

While living there, I had the unexpected opportunity to work with a community member in housing need. We were sheltering a middle-aged man, M., who had been a respected volunteer. Unfortunately, he lost his housing after a severe stroke and had been living in the woods for the past month until the church learned of his situation and provided him a space in the community house.

M. is a Macedonian immigrant. English was not his first language, and the stroke further impaired his communication abilities. He was experiencing complex needs that we could not support effectively. I took time to observe him, talk to him and learn about him. Brother Luke said that he was in the process of finding appropriate support for M., but had little success. After understanding the situation, I compiled a comprehensive list of stroke resources, brainstormed ideas, and emailed it to Brother Luke. It was the only thing I could do at that moment. Brother Luke expressed gratitude and would follow-up. Before leaving, I asked Brother Luke to keep me updated about M.

In that moment, I realised that if I were a family doctor, I would be able to advocate for M. more effectively within the healthcare and social service system. The experience instilled in me a desire to return to this community as a family doctor in the future, to fulfill this crucial need. I wish to live amongst them and serve them, in a community I call home, and enable newcomers and refugees to build a good life in Canada.

Words cannot fully capture the communal living experience at St John. In writing this, I hope to offer readers a glimpse into my experience and, perhaps, discover their own calling to serve.



the truth of the itch

KELLY GAO

Chronic diseases like eczema are often misunderstood and stigmatized by family, friends, strangers, and healthcare professionals for being difficult to treat and lacking clear diagnoses. These patients are often dismissed as “just complaining” and are not taken seriously. Their physical and emotional burdens are often ignored by doctors, leading to ineffective treatments.¹

Due to eczema, I personally suffered with pain, low self-esteem, and difficulty completing daily tasks like showering, exercising, going outdoors, and sleeping. Misconceptions surrounding eczema further

invalidated my suffering. I long for a day when people see the pain behind my raw, bleeding skin and no longer reduce it to a bad habit. A day when I am not the girl whose tears are seen as someone struggling with the weight of feeling ugly and facing discrimination from those who think she’s contagious.

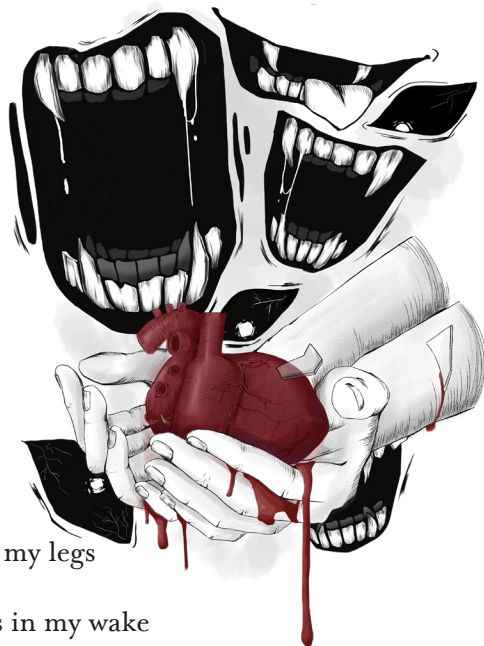
My suffering inspired me to create this artwork. I wanted to advocate for empathy, compassion, and genuine support from everyone, including healthcare professionals, towards chronic diseases like eczema, which lack clear diagnoses.

1. Magin TJ, Adams J, Heading GS, Pond CD. Patients with skin disease and their relationships with their doctors: a qualitative study of patients with acne, psoriasis and eczema. Medical Journal of Australia. 2009;190(2):62-64. doi:<https://doi.org/10.5994/j.1326-5377.2009.tb02276.x>

Hunger & Hedonism

HANNAH BURNHAM

illustrated by KELLY GAO



I.

How I hunger for something
To fill my lungs and kiss the backs of my legs
To sink its teeth into me in worship,
And erase the trail of hollow victories in my wake

II.

It is my heart and I hold it pounding in my hands
In its grotesque glory
The blood pools at the seams where my fingers meet,
I will drink it if I have to
It is my life and I will not let it get away from me
I will play the role of the lamb to the slaughter
Sacrificing myself over and over
Until I am blood and blood
And still, I remain
A dull pain in my chest
But life in my eyes
I will not let it get away from me,
This time

III.

I cradle my pride
Like a pearl in my hands
And as my reflection comes into focus
I no longer blur at the possibility
Of being erased by someone else
Denying me love

I WAS ALWAYS A SCIENTIST, I JUST DIDN'T KNOW IT

ABBIE KOSHAN

illustrated by AMY TANG

Whenever I get asked about things I like to do with my free time, I'd always say that I loved to bake. Even when I found that every other responsibility consumed me, it always found a way back into my life. Many times I've heard that baking is a science, but I never really thought of it that way. At least when I was a kid, science was part of school and baking was the escape. Not really like the ultra-precise and sterile environment of a lab that I always pictured whenever I used to think of science. Looking back, I realize everyone was right. The kitchen was my lab, and the cakes and cookies were my experiments. By that definition, I was a scientist. As a scientist, albeit in the kitchen, I followed the scientific method to bake the perfect cookies. While I didn't know it was called the scientific method all those years ago, I still followed the same steps:

Asking a Question: This part was fairly simple, I wanted to know how I could improve the taste of one of the most beloved baked goods: the chocolate chip cookie.

Background Research: The "literature" I read consisted of family recipes, the Food Network, and more recently, TikToks. Two variables stood out to me as I had never tried them previously: using chocolate chunks instead of chocolate chips and using browned butter instead of regular melted butter. I had found a gap in my knowledge.

Hypothesis: I thought that using chocolate chunks would allow for better distribution of chocolate, and that browning the butter would make for a richer flavour.

The Experiment: This part was also very simple. I baked a batch of chocolate chip cookies, introducing the variables I intended to study.

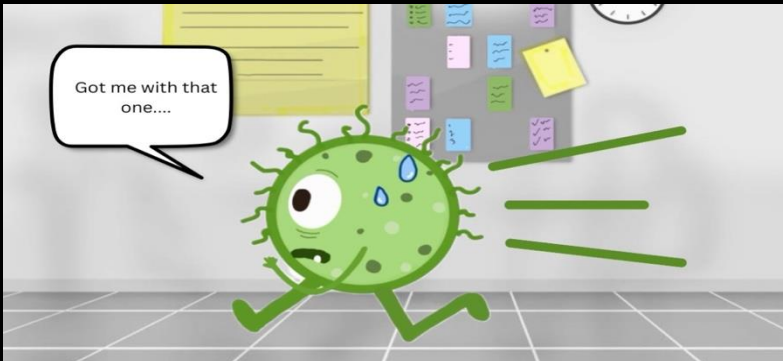
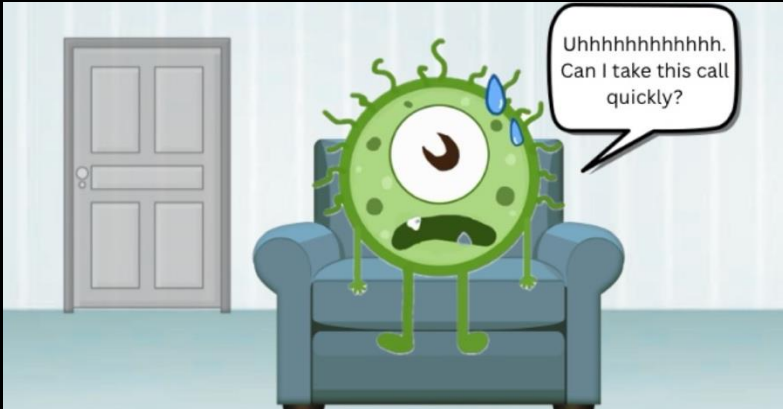
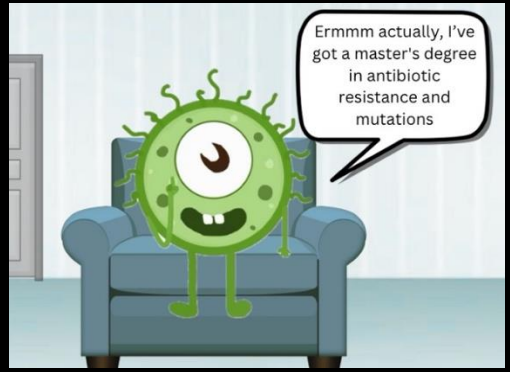
Data Analysis: The best part of baking is being able to taste and share your creations. I got my family and friends to try my cookies and tell me if they enjoyed them for further qualitative analysis.

Conclusions: Fortunately, my experiment worked the first time I conducted it. I was happy to report that the variables I tested did improve the recipe, and there is no going back.

I knew deep down that being a professional baker was not the life for me. The truth is, baking gave me a valuable (and delicious) space to explore my natural curiosity. My love for science only came from finding the same satisfaction from my high school science classes.

I am so grateful to possess the same curiosity that drove the scientists before me to make some of the most significant discoveries in the health sciences. I feel I am on the right path, studying the sciences, even if it takes my time away from my kitchen.





PREVENT THE SPREAD OF GERMS,
PRACTICE HAND HYGIENE!

RHEA GANDHI

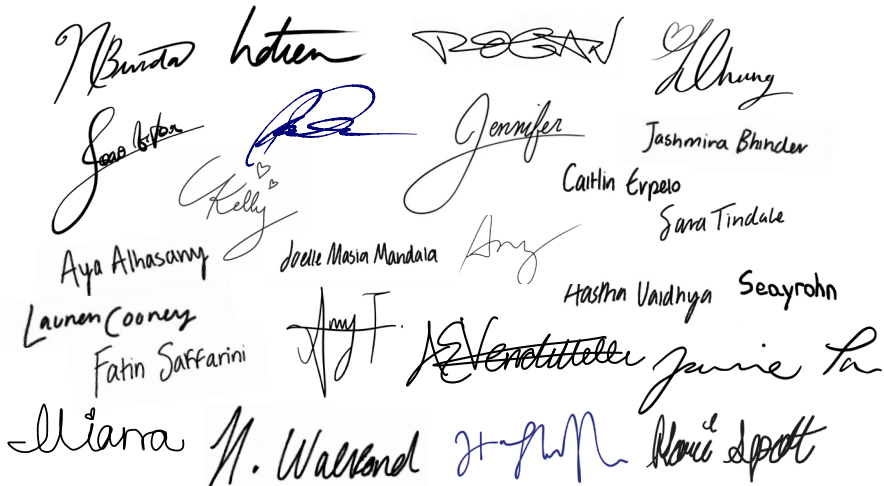
About Us

Thank you for taking the time to explore our second issue—we're honored to showcase the work of this year's contributors. The mission of The Jugular is to create a space for creative engagement with health, fostering exploration and expression across the disciplines, concepts, and lives it touches. Beyond our annual issue, we publish blog reflections, host paint nights, and card sales, all leading up to our celebratory launch event.

If you're interested in joining The Jugular, our hiring period opens each September for all general member positions. We also welcome creative submissions during our submission window from October to November. For updates and more information, follow us on Instagram [@thejugular_queens!](https://www.instagram.com/thejugular_queens/)

We are looking for passionate members of the community to help support our mission of providing a creative space for Queen's Students to reflect on their experiences with health. If you are interested in partnership opportunities, please reach us by email thejugularqueens@gmail.com.

See you next issue,



The signatures are arranged in several rows. The names corresponding to the signatures are: N. Buntar, hater, DOGAR, J. Chung, Jashmira Bhandar, Caitlin Erpelo, Sara Tindale, Aya Athasamy, Joelle Masin Mandala, Amy, Lauren Cooney, Fatim Saffarini, Amy F., Hashim Vaidhya, Seayrohn, Miana, M. Walcott, Julie La, and Houie Spott.

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